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CONFIRMATION NO. 4191

<b>SERIAL NUMBER</b> 09/976,799	<b>FILING OR 371(c) DATE</b> 10/12/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> S100-DIV1
<b>APPLICANTS</b> Robert J. Greenberg, Los Angeles, CA; Joseph H. Schulman, Santa Clarita, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/515,373 02/29/2000 ABN which claims benefit of 60/125,873 03/24/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/02/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 41
Examiner's Signature <i>James P. Murphy</i> Initials <i>JPO</i>		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 28284				
<b>TITLE</b> Package for an implantable medical device				
<b>FILING FEE RECEIVED</b> 643	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	